

NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC GOODS POOLS

FREESTANDING CLINICAL LABORATORIES

PAYMENT SUMMARY

REPORT OF PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS

FOR THE MONTH OF _____, _____

PROVIDER NAME _____ PFI# _____

WHOLE DOLLARS ONLY

1. Net 1997 Surcharge Payable for the Month

2. Net 1998 Surcharge Payable for the Month

3. Net 1999 Surcharge Payable for the Month

4. Net 2000 Surcharge Payable for the Month

5. Total Surcharge Payable for the Month
(Sum Above Lines)

MONTHLY PAYMENT CHECK FOR THE AMOUNT REFLECTED ON LINE 5 ABOVE SHOULD BE **MADE PAYABLE TO “THE “PUBLIC GOODS POOL”** AND MAILED ALONG WITH THE APPLICABLE REPORTING FORMS TO:

Regular Mail to:

Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration - or -
Excellus BlueCross BlueShield
Central New York Region
P.O. Box 4757
Syracuse, New York 13221-4757

Express or Overnight Mail to:

Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration
Excellus BlueCross BlueShield
Central New York Region
344 South Warren Street
Syracuse, New York 13202-2008

Please enter the laboratory's Permanent Facility Identifier number (PFI#) on the face of the check and the reporting forms. **IMPORTANT NOTE: Faxed copies of the monthly reports are not acceptable.**